

**TENNESSEE DEPARTMENT OF HUMAN SERVICES
APPLICATION FOR PARTICIPATION OF EMERGENCY SHELTER IN
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)**

1. NAME OF SHELTER:		
2. MAILING ADDRESS: <div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 20px;"> Street City State Zip Code </div> FEEDING SITE ADDRESS: <div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 20px;"> Street City State Zip Code </div>		
3. TELEPHONE NUMBER AND COUNTY OF SHLETER LOCATION: <div style="display: flex; justify-content: space-between;"> Area Code: () _____ County: _____ </div>		
4. NAME AND TITLE OF PERSON RESPONSIBLE AT SHELTER:		
5. NAME, ADDRESS AND DATE OF BIRTH OF EXECUTIVE DIRECTOR AND BOARD CHAIRPERSON:		
Name of Executive Director:	Home Address of Executive Director:	Date of Birth of Executive Director:
Name of Board Chairperson:	Home Address of Board Chairperson:	Date of Birth of Board Chairperson:
6. TYPE OF ELIGIBILITY (Check only one): <div style="margin-left: 20px;"> <input type="checkbox"/> Private Non-Profit (Shelter is not legally affiliated with any governmental unit and has federal income tax exemption from the Internal Revenue Service - Please attach photocopy of letter of exemption from the Internal Revenue Service.) <input type="checkbox"/> Public (Shelter is legally affiliated with a governmental unit.) <input type="checkbox"/> Church sponsored </div>		
7. FOR CHURCH SPONSORED SHELTER ONLY: Has the Governing Board or Pastor approved this application for CACFP participation? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach a letter from the Chairman of the Governing Board or Pastor which authorizes this application.		
8. PARTICIPATION IN USDA PROGRAMS: Does your shelter now participate or ever participated in programs funded by the USDA during the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", provide name of program(s) and dates of participation.)		

9. PARTICIPATION IN OTHER FEDERAL PROGRAMS: Does your shelter participate in any other federally funded programs? ____ Yes ____ No (If "Yes" specify programs.): _____			
10. OPERATIONAL TIMES: Does your shelter operate 24 hours per day? ____ Yes ____ No If no, what are the times of operation: _____			
11. MEAL SERVICES: Identify the meal services to participate in the CACFP. (There must be at least two (2) hours between the end of each meal/supplement service and the beginning of the next meal/supplement service.)			
MEALS SERVED	TIME MEAL SERVICE BEGINS:	TIME MEAL SERVICE ENDS:	NO. OF MEALS TO BE SERVED PER DAY:
A. BREAKFAST			
B. AM SUPPLEMENT			
C. LUNCH			
D. PM SUPPLEMENT			
E. SUPPER			
F. EVENING SUPPLEMENT			
12. FOR ALL SHELTERS: Identify method by which meals will be provided: A. ____ Preparation at meal service location B. ____ Preparation at central kitchen C. ____ Under contract with local school system D. ____ Under contract with food service management company (Attach copy of food service contract.)			
13. AGE RANGES: What are the age ranges of your Shelter's enrolled participants? From: _____ To: _____		14. INFANTS: Will meals served to infants (under 12 months of age) be claimed for CACFP reimbursement? ____ Yes ____ No	
15. POTENTIAL ELIGIBLE BENEFICIARIES BY ETHNIC/RACIAL CATEGORIES: Provide the number of potential eligible children in your service area by the ethnic categories below: Hispanic or Latino: _____ Not Hispanic or Latino: _____ Provide the number of potential eligible children in your service area by the racial categories below: American Indian or Alaskan Native: _____ Asian: _____ Black or African American: _____ Native Hawaiian or Other Pacific Islander: _____ White: _____			
16. BUDGET: Complete attached budget.			

17. **PUBLIC RELEASE:** Provide below the names of the local news media, minority or other grassroots organizations to receive news releases announcing your shelter's participation in the CACFP. Also include the dates that the news releases were made. The news releases must be sent to the local news media, minority or other grassroots organizations in your shelter's service area. A sample news release is attached. Please note that your shelter is **not** required to have the news releases published in newspapers as a legal notice.

NAME:	DATE OF RELEASE:

18. **FOR SHELTER WHICH HAS FEDERAL INCOME TAX EXEMPTION FROM THE INTERNAL REVENUE SERVICE:** Identify name, address and telephone number of each member of your Shelter's Board of Directors. Attach additional sheets if necessary.)

NAME:	ADDRESS:	TELEPHONE NUMBER:

19. **RECEIPT OF FEDERAL FUNDS:**

Did the total federal funds received by the agency through the State of Tennessee and expended during the agency's prior fiscal year, **and** the total federal funds received by the agency directly from the federal government and expended during the agency's prior fiscal year exceed \$500,000: ____ Yes ____ No (**Do not include any vendor child care payments received under the Tennessee Child Care Certificate Program in this determination.**)

If the total federal funds exceeded \$500,000, the agency is required to have an audit of the funds to participate in the CACFP.

20. FOR SHELTER THAT HAS FEDERAL INCOME TAX EXEMPTION FROM THE INTERNAL REVENUE SERVICE:

Attach a copy of minutes of Board meeting in which CACFP application was approved **OR** in which sponsorship by another agency was approved. Also, identify the dates of the last two Board meetings:

Date: _____ Date: _____

21. REIMBURSEMENT CLAIMS: ENTER THE NAME, TITLE, AND SIGNATURE OF YOUR SHELTER'S PERSONNEL WHO ARE AUTHORIZED TO SIGN CLAIMS FOR CACFP REIMBURSEMENT:

Name and Title

Name and Title

Signature

Signature

22. BASIC PROGRAM RESPONSIBILITIES: Please indicate below if your Shelter will have personnel and procedures in place to perform the following responsibilities

- A. Prepare menus that meet required meal components, and post them in a conspicuous place;
- B. Provide training to personnel on menu preparation to ensure that the menus always reflect the exact foods served, including any Menu additions or substitutions, and that modifications to menus are properly completed to accommodate any special dietary needs of enrolled participants;
- C. Ensure that at least 50% of earned CACFP meal reimbursement is expended for food purchases, and that shelter is operating a non-profit food service by comparing allowable costs on a monthly basis with the meal payments received;
- D. Ensure that payments from non-CACFP funds will be made by my shelter to its food service account when violations of the policies on minimum food purchases and non-profit food service occur;
- E. Ensure that all claims are supported by correct menus, and by accurate and documented counts of attendance and meals served;
- F. Track CACFP payments separately from other funds received, and ensure that all costs charged to the CACFP are allowable; and
- G. Review claims prior to submission to ensure that the attendance and meals reported do not exceed the license capacity of the Shelter, that operational days reported do not exceed days in the month, that the count of any meal reported does not exceed the total attendance reported, and that information is available to explain why any meal count equals the attendance count or when two or more types of meals have the same monthly count or when the counts for a meal type for two months in a row are identical.

_____ Yes, my Shelter will have personnel or procedures in place to perform the responsibilities identified above.

_____ No, my Shelter cannot perform the responsibilities identified above.

23. CIVIL RIGHTS: Answer each question for your shelter's Civil Rights compliance.

A. Does your shelter serve children or adults for care regardless of race, color, national origin, sex, age, or disability?

_____ Yes _____ No

B. Is membership in any organization a prerequisite for shelter services? If yes, what is organization's name? _____ Yes _____ No

C. Do all materials provided to the public by your shelter include a non-discrimination statement and complaint procedures?

_____ Yes _____ No

D. Does your shelter have procedures for handling complaints? ____ Yes ____ No

E. Has your shelter received any discrimination complaints? ____ Yes ____ No (If yes, please provide information on what action been taken?)

CERTIFICATION STATEMENT

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE ; AND THAT I AM AUTHORIZED BY THE SHELTER TO APPLY FOR PARTICIPATION IN THE CACFP. I ALSO CERTIFY THAT THE SHELTER WILL ACCEPT FINAL ADMINISTRATIVE AND FINANCIAL RESPONSIBILITY FOR THE CACFP OPERATED AT THE SHELTER IDENTIFIED HEREIN; THAT THE SHELTER WILL ADMINISTER THE CACFP IN FULL COMPLIANCE WITH THE FEDERAL GOVERNING REGULATIONS FOUND IN 7 CFR PART 226, AND THE STATE POLICIES CONTAINED IN OPERATIONAL MANUALS AND POLICY MEMORANDA ISSUED BY THE TENNESSEE DEPARTMENT OF HUMAN SERVICES. I FURTHER ASSURE THE TENNESSEE DEPARTMENT OF HUMAN SERVICES THAT THE FOLLOWING ACTIONS SHALL BE TAKEN:

1. REIMBURSEMENT WILL ONLY BE CLAIMED FOR THOSE MEALS AND SUPPLEMENTS SERVED TO ELIGIBLE PARTICIPANTS; AND THAT THE MEAL SERVICE WILL BE AVAILABLE TO ALL ELIGIBLE PARTICIPANTS REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, OR AGE;
2. ALL ELIGIBLE PARTICIPANTS IN THE CACFP MEAL SERVICES WILL BE SERVED THE SAME MEAL(S) AT NO SEPARATE CHARGE REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, OR AGE; AND THAT THERE SHALL BE NO DISCRIMINATION IN THE COURSE OF THE MEAL SERVICES;
3. ONLY THOSE MEALS THAT ARE APPROVED IN THIS APPLICATION BY THE TENNESSEE DEPARTMENT OF HUMAN SERVICES AND THAT MEET FEDERAL AND STATE REQUIREMENTS FOR FOOD COMPONENTS AND PORTION SIZES SHALL BE CLAIMED FOR REIMBURSEMENT;
4. THAT THE NUMBER OF MEALS CLAIMED FOR REIMBURSEMENT SHALL NOT EXCEED THE MAXIMUM ALLOWED UNDER THE CACFP; AND THAT APPROPRIATE AND ADEQUATE RECORDS, INCLUDING MENUS, ATTENDANCE AND MEAL COUNT RECORDS SHALL BE MAINTAINED TO SUPPORT THE NUMBER AND TYPE OF MEALS REPORTED TO THE TENNESSEE DEPARTMENT OF HUMAN SERVICES FOR CACFP REIMBURSEMENT;
5. UNLESS MY SHELTER SERVES DOMESTIC VIOLENCE VICTIMS, A PUBLIC RELEASE SHALL BE PROVIDED TO THE INFORMATIONAL MEDIA SERVING THE AREA(S) FROM WHICH PARTICIPANTS LIVE, AND MINORITY AND GRASSROOTS ORGANIZATIONS IN THE SERVICE AREA(S) OF THE SHELTER WILL BE INFORMED OF THE CHILD CARE SERVICES AVAILABLE FROM THE SHELTER;

I ALSO CERTIFY THAT THE SHELTER HAS PARTICIPATED IN THE FOLLOWING PUBLICLY FUNDED PROGRAMS DURING THE PAST SEVEN YEARS AND THAT NEITHER THE SHELTER ANY OF ITS PRINCIPALS ARE INELIGIBLE TO PARTICIPATE IN THESE PROGRAMS BY REASON OF VIOLATION OF THE REQUIREMENTS OF THESE PROGRAMS DURING THAT PERIOD:

LIST OF PUBLICLY FUNDED PROGRAMS: _____

I FURTHER CERTIFY THAT NEITHER THE SHELTER OR ANY OF ITS PRINCIPALS HAVE BEEN CONVICTED OF ANY ACTIVITY THAT OCCURRED DURING THE PAST SEVEN YEARS AND THAT INDICATED A LACK OF BUSINESS INTEGRITY. CONVICTIONS INDICATING A LACK OF BUSINESS INTEGRITY INCLUDE FRAUD, ANTITRUST VIOLATIONS, EMBEZZLEMENT, THEFT, FORGERY, BRIBERY, FALSIFICATION OR DESTRUCTION OF RECORDS, MAKING FALSE STATEMENTS, RECEIVING STOLEN PROPERTY, MAKING FALSE CLAIMS, AND OBSTRUCTION OF JUSTICE.

I UNDERSTAND THAT THIS INFORMATION IS BEING GIVEN IN CONNECTION WITH THE RECEIPT OF FEDERAL FUNDS, AND THAT A DELIBERATE MISREPRESENTATION MAY SUBJECT ME TO PROSECUTION UNDER APPLICABLE STATE AND FEDERAL CRIMINAL STATUTES. I ALSO UNDERSTAND THAT ANY SHELTERS AND INDIVIDUALS PROVIDING FALSE CERTIFICATIONS WILL BE PLACED ON THE USDA NATIONAL DISQUALIFIED LIST AND WILL BE SUBJECT TO ANY OTHER APPLICABLE CIVIL OR CRIMINAL PENALTIES.

NAME AND TITLE OF SHELTER BOARD CHAIRPERSON OR AUTHORIZED SHELTER REPRESENTATIVE:

Name

Title

SIGNATURE OF SHELTER BOARD CHAIRPERSON OR AUTHORIZED SHELTER REPRESENTATIVE:

Signature

Date

BUDGET FOR CACFP OPERATIONS OF EMERGENCY SHELTER

Required Financial Documents:

If your shelter will budget and charge any labor costs to the CACFP, the following financial documents must be used:

1. Your shelter will be required to have a Written Compensation Policy which identifies the following for all employees who are charged to the CACFP: rates of pay; hours of work, including breaks and meal periods; policy and payment schedule for regular compensation, overtime, compensatory time, holiday pay, benefits, severance pay and payroll withholding.
2. Your shelter will be required to use a Time and Attendance Report to identify the total time actually worked by each full or part-time employee who is charged to the CACFP. **You will find attached a sample Time and Attendance Report which you may use in your CACFP. If you choose to use another form, the form must collect, as a minimum, the same information collected by the sample form.** Time and Attendance Reports must be prepared timely and coincide with employee pay periods. The reports must identify starting time, ending time, and absences for each day of work.
3. Your shelter will be required to have Time Distribution Reports to establish and support the salaries or wages to be charged as CACFP labor costs. **You will find attached a sample Time Distribution Report which you may use in your CACFP. If you choose to use another form, the form must collect, as a minimum, the same information collected by the sample form.**

Definitions:

1. Operating Costs: Costs related to the preparation and serving of meals under the CACFP.
2. Administrative Costs: Costs related to the planning, organizing, and managing of the CACFP food service, including the preparation and submission of the CACFP funding application; the review and approval of income eligibility applications for participants; the provision of nutrition education and other program training for employees; the performance of monitoring reviews of sponsored facilities; and the preparation and submission of claims for reimbursement.

Allowance for Indirect Administrative Costs:

If indirect costs are budgeted, you must attach a photocopy of letter from a federal agency or the Tennessee Department of Human Services which approves an indirect cost rate or cost allocation plan for your shelter.

CACFP FOOD SERVICE BUDGET FOR EMERGENCY SHELTER

Name of Shelter:		Estimated CACFP Payments for Program Year: \$			
EXPENSES BY OBJECT	PROPOSED OPERATING COSTS	APPROVED COSTS (TO BE COMPLETED BY DHS ONLY)	PROPOSED ADMINISTRATIVE COSTS	APPROVED COSTS (TO BE COMPLETED BY DHS ONLY)	TOTAL APPROVED COSTS (TO BE COMPLETED BY DHS ONLY)
Salaries/wages to prepare/ serve meals (excluding benefits/payroll taxes)	\$	\$			\$
Fringe benefits/payroll taxes for employees who prepare/serve meals	\$	\$			\$
Food Costs (must be at least 50% of estimated CACFP payments for program year)	\$	\$			\$
Expendable Supplies (i.e., napkins, straws, dishwashing detergent, etc.)	\$	\$			\$
Durable Supplies (i.e., items costing less than \$5,000 with life expectancy of more than 1 year)	\$	\$			\$
Contracted meal services (enter amount if meals to be purchased from private company)	\$	\$			\$
Contract personnel (non-employees who are under contract to prepare/serve meals)	\$	\$			\$
Food service equipment purchase (must attach description of each equipment item)	\$	\$			\$
Food service equipment rental and maintenance	\$	\$			\$
Salaries/wages for CACFP administrative employees (excluding benefits/payroll taxes)			\$	\$	\$
Fringe benefits/payroll taxes for CACFP administrative employees			\$	\$	\$
Office Supplies			\$	\$	\$
Communications			\$	\$	\$
Postage, Printing and Publications			\$	\$	\$
Contract personnel (non-employees who perform administrative duties)			\$	\$	\$
Occupancy			\$	\$	\$
Travel (If any projected costs, complete Page 4 of the budget)			\$	\$	\$
Indirect administrative costs			\$	\$	\$
TOTAL OPERATING AND ADMINISTRATIVE COSTS	\$	\$	\$	\$	\$

PERSONNEL SALARY SCHEDULE FOR EMERGENCY SHELTER

OPERATING PERSONNEL				
Employee Name	Position Title	Duties	Annual Salary or Wages (including Fringe Benefits and Taxes)	Amount of Employee Salary or Wages to be Charged To CACFP
			\$	\$
ADMINISTRATIVE PERSONNEL				
Employee Name	Position Title	Duties	Annual Salary or Wages (including Fringe Benefits and Taxes)	Amount of Employee Salary or Wages to be Charged To CACFP
			\$	\$

PROPOSED TRAVEL BUDGET

1. TRAVEL (In-State)	Name of Employee/Contract Individual: _____ Reason for Travel: _____ Estimated Cost: \$ _____
2. TRAVEL (In-State)	Name of Employee/Contract Individual: _____ Reason for Travel: _____ Estimated Cost: \$ _____
3. TRAVEL (In-State)	Name of Employee/Contract Individual: _____ Reason for Travel: _____ Estimated Cost: \$ _____
4. TRAVEL (In-State)	Name of Employee/Contract Individual: _____ Reason for Travel: _____ Estimated Cost: \$ _____
5. TRAVEL (Out-of-State)	Name of Employee/Contract Individual: _____ Reason for Travel: _____ Estimated Cost: \$ _____

**PUBLIC RELEASE FOR
EMERGENCY SHELTER
CHILD AND ADULT CARE FOOD PROGRAM**

_____ announces its participation in
the
 (NAME OF AGENCY)

Child and Adult Care Food Program. Meals will be provided at no separate charge to eligible children served at the following site(s):

NAME:	ADDRESS:

All meals will be provided in accordance with the U.S. Department of Agriculture non-discrimination policy which prohibits discrimination based on race, color, national origin, gender, age, disability, and political beliefs. (Not all prohibited bases apply to all programs.)

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